

cadres of Central Health Service from 60 to 62 years, *vide* order dated 16.11.2006.

Patient-Doctor ratio

3301. MS. MABEL REBELLO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the patient-doctor ratio in the Government hospitals in metropolitan cities, districts and block headquarters;

(b) what is the ratio of nurses-bed in the above cities in Government hospitals; and

(c) whether it is a fact that policy of recruitment of doctors and Government staff has been applied to nurses from the subordinate staff in hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Health being a State subject, the data in regard to doctor-patient ratio in various State Government Hospitals is not maintained centrally: The doctor-patient ratio, varies from case to case depending upon various factors like the type of disease, nature of specialization, type of patient-care required *i.e.* indoor/outdoor. According to the Medical Council of India, the allopathic doctor-population ratio at present works out to 1:1722.

The patient-nurse ratio also depends on various factors like type of patient care provided and nature of specialization etc. and varies from 5:1 to 19:1.

The policy of recruitment of nurses depends upon the number of sanctioned position in a hospital and nursing qualification prescribed for the recruitment of nurses.

Clinical trials regulation measures

3302. SHRIMATI S.G. INDIRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India is turning into a hub for clinical trials for multinational companies;

[4 May, 2007]

RAJYA SABHA

(b) whether it is also a fact that stringent laws in Europe and other countries have driven these multinational companies to India for clinical trials; and

(c) if so, whether Government are considering to introduce a stringent law for clinical trials in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) India has some inherent and natural advantages in clinical research. Multinational companies prefer India as a hub for clinical trials because of India's highly skilled medical fraternity, presence of many world class medical institutions and a large treatment-naïve population and cost competitiveness of Indian industries and research institutions..

Legislation to control clinical trials is already available in the country.

Regulations for conducting Clinical Trials in the country are prescribed under Rules 122 DA-122 E and Schedule Y of Drugs and Cosmetics Rules which was amended in year 2005. Good Clinical Practices (GCP) Guidelines has been introduced by the Ministry in the year 2001 and Ethical Guidelines were issued by ICMR in the year 2000.

Model stations

3303. SHRI SUDARSHAN AKARAPU: Will the Minister of RAILWAYS be pleased to state:

(a) the total number of railway stations Selected/identified for being developed as model stations in each zone by the Railways during each of the last three years;

(b) what is the criteria adopted by the Railway for selection of railway stations as model stations; and

(c) the number of railway stations proposed to be developed as model stations during the current financial year?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a) The total number of railway stations selected/identified for being developed as model stations in each zone during the last three years is appended as Statement (See below).

(b) While presenting the Railway Budget 1999-2000, the then Minister of Railways declared that all efforts will be made to make at least one